

REMARKS

In response to the Office Action of March 13, 2003, Applicant hereby provides the following remarks.

Applicant has amended the drawings and the specification to resolve the concerns raised by the Examiner. It is requested that the objections be withdrawn.

With respect to the prior art, Applicant has amended the claims to more clearly identify the subject matter of the present invention. It is appreciated that both Liff et al. and Halvorson teach systems for dispensing medications. However, each is effectively only a more efficient delivery system for pharmacy personnel to dispense high volume prescriptions. While Liff et al. suggests that the system can be used to dispense individual prescriptions, the Liff et al. system would fail to comply with the requirements of most Pharmacy boards.

In particular, both systems contain systems in which a large number of containers having a particular drug are loaded into a particular dispensing row or column, in the same manner as a conventional vending machine. While such a system is beneficial for a pharmacist, it does not work for retail dispensing because the containers of medication are not labeled for the particular patient. While systems may be able to distribute one or more medications which a person needs, they are unable to dispense filled prescriptions - ie. medications labeled for a particular customer, because each dispenses its drugs linearly. Thus, for example, if patients X, Y and Z each call in for their Amoxicillin prescription, both Liff et al. and Halvorson prevent X, Y and Z from obtaining a properly labeled prescription. Rather, the machine dispenses a bottle containing

medication from the Amoxicillin slot and the label is then printed and attached to the bottle. This either requires the presence of a pharmacist, or reliance on the patient to properly label the container. Thus, both Liff et al.(Col 4, lines 40-53) and Halvorson (Col. 3, lines 15-26) teach the use of a printer next to the dispensing station to print labels for the medication. The potential danger of the latter approach is apparent when one considers an elderly patient with poor eyesight attempting to apply labels to a variety of different medications.

In contrast, the present invention enables all of the prescriptions for patient X (or X's family) to be placed in one receiving slot. This may include an antibiotic, a cough syrup and an inhaler - all in the same slot. When X enters his identifying information, the filled prescriptions (i.e. labeled medicine containers) are dispensed to X. There is no need to have a pharmacist present and no need for the patient or anyone else to label the medicine after it is dispensed.

Referring now specifically to the claims, claim 1 is allowable, as the prior art does not teach having a receiving slot configured to dispense all of the medications for a given patient. To the contrary, Liff et al. and Halvorson suggest having medication organized by the contents of the container. Claims 2 through 17 all depend from claim 1 and should, therefore, be allowable.

Furthermore, the dependent claims are believed to have further points of novelty. For example, claim 7 claims a plurality of different prescriptions, and claims 8-11 discuss a door associated with the receiving slot, as opposed to a door providing general access as taught in Liff et al. and Halvorson. Likewise, claim 16 requires a filled prescription - i.e. labeled with the patient's information.

Claim 18 is patentable over the prior art because it claims filling a prescription, including the label, and then loading the prescription into the dispenser. The prior art teaches dispensing of the prescription and then applying the label. Thus, the prior art teaches a better way of supplying medication to the pharmacist and the present invention teaches a better way for supplying a filled prescription to a patient. Claims 19-22 are allowable due to their dependence from claim 18, and further from their further points of novelty.

Claim 23 is allowable because the prior art does not teach inputting patient information and then disposing the prescription in the receiving slot, followed by dispensing of medication to that patient.

Claims 24-27 have been canceled without prejudice.

Claim 29 is allowable over the prior art because it claims applying patient information to the container prior to transporting the prescriptions to the local pharmacies. Simply bulk filling of common medications does not meet the elements of the claim. Claims 30-32 add further points of novelty and should also be allowed.

Claims 33 through 37 have been added to further claim novel aspects of the present invention. For example, claim 33 relates to dispensing of a plurality of prescriptions for a patient. Claim 36 relates to dispensing of medication containers having patient information thereon. Applicant submits that each is allowable over the prior art.

In light of the above, Applicant respectfully submits that the claims are in condition for allowance. Should the Examiner determine that any additional adverse action is necessary, it is

requested that he contact Applicant's counsel, Randall B. Bateman at (801) 478-0071 so that such matters may be resolved as expeditiously as possible.

A credit card authorization has been included to cover the additional claim fee and the fee for the additional independent claim. The Commissioner is hereby authorized to charge any amount owing or to credit any overpayment for this matter to Account No. 50-0881.

Dated this 17th day of April, 2003.

Morriss, Bateman, O'Bryant & Compagni

A handwritten signature in black ink, appearing to read "Randall B. Bateman", with a large, sweeping flourish at the end.

Randall B. Bateman
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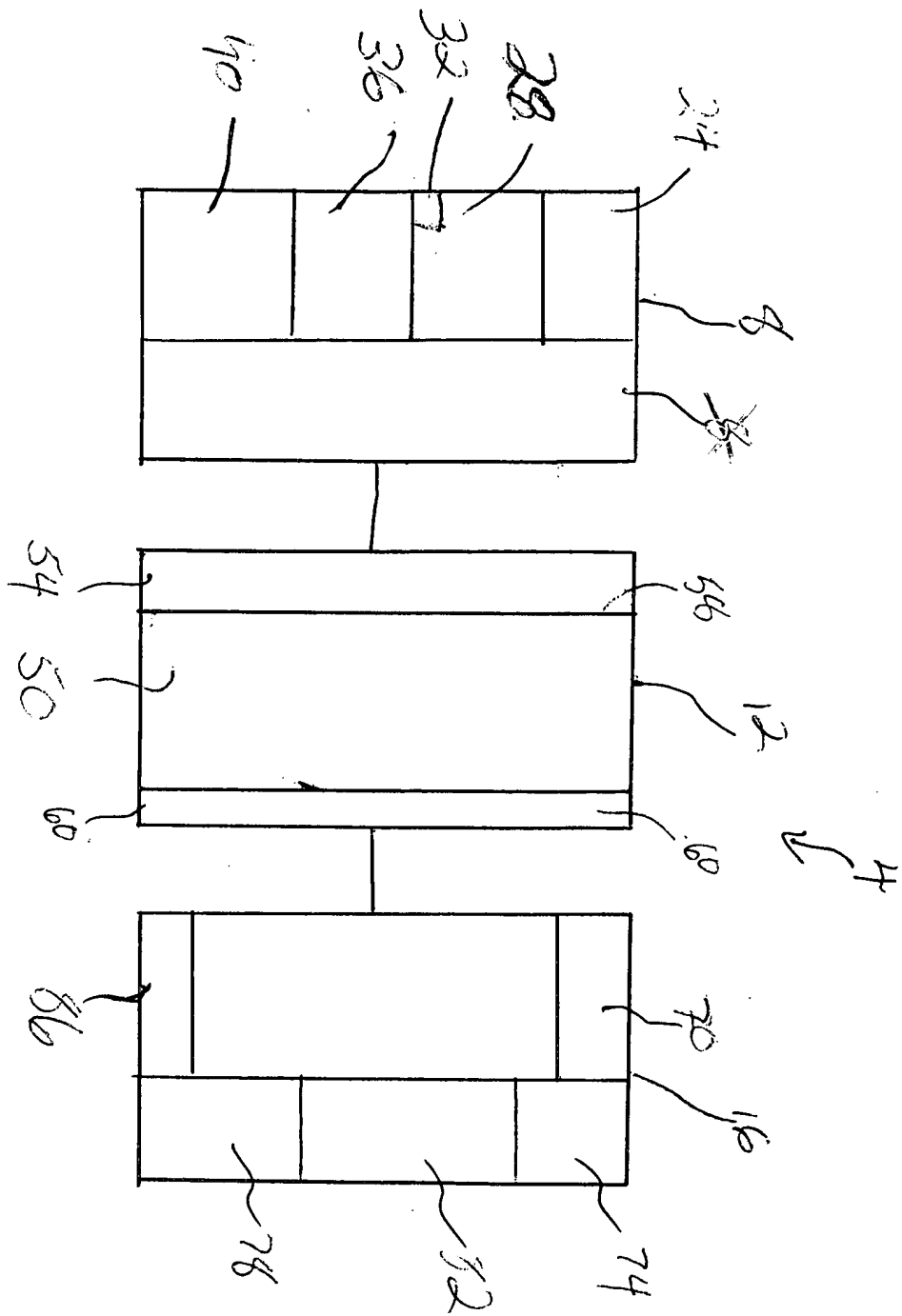


FIG. 1
(a)

